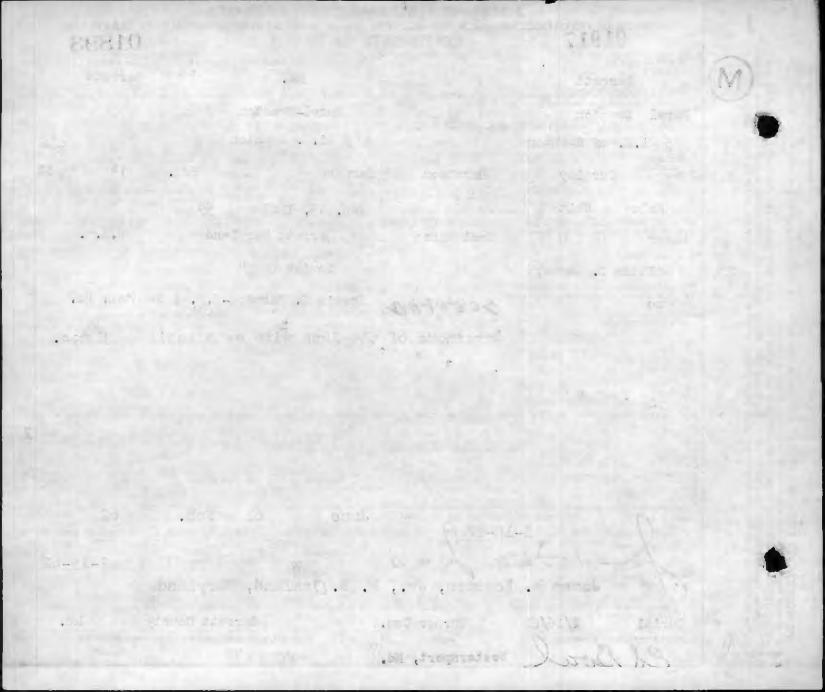
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01898

	PLACE OF DEATH OCCUPY Garrett MARYLAN					a. STATE Md.	CE (Where de	in Mu. Garrett					
	write RURAL end	if outside comporate limit give neerest town) nton	\$,	59 Yrs	Y IN 1b	Rural-Swa		rata limits, write	e RURAL and	i giva neare	est town)		
-		of Swanton	f not in hosp	pital, give street eddr	ess)	d. STREET ADDRESS Ni.E. Swanton a. IS RESIDENCE ON A FARM? YES NO						RM?	
	NAME OF DECEASED (Type or print)	find furtley	Н	Middle Marrison	Ba	last arnard	4. DATE OF DEATH	Feb.		Dey 4	Yeer 19 62	2	
5.	Male Male	6. COLOR OR RACE	7. MARRIES			DATE OF BIRTH		AGE (In years last birthday) 59 yrs.			JNDER 24 I	HRS.	
dor		ION (Give kind of work riking life, even if retired	as .	nd of susiness or oal Mine	RINDUSTRY	Garrett				S.A.		NTRY?	
13.	FATHER'S NAME William	O. Barnard				Louisa		15 1					
		ER IN U.S. ARMED FOR fyesgive war or dates of se		OS-07-41	10. 17. IN	Dessie D. B	arnard-	R.D. 1		n, Ms	•		
	163.	H WAS CAUSED BY, IMMEDIATE CAUSE (e)_ DUE TO	Car	rcinoma	of th	e lung wi	th met	tastas:	is	8 m	os.		
ATION	Conditions, if eny geve rise to immed (a), stelling the ucause lest. PART II, OTHE	nderlying DUE TO	понь сон	ITRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	NAL DISEASE (CONDITION GIV	VEN IN PART		VAS AUTO	D?	
L CERTIFICATION	geve rise to immed (a), stelling the u couse lest. PART II. OTHE 20e. A CCIDENT W OR CONTRIBUTING	nderlying DUE TO	-		O CCURED.	(Enter nature of injury in	Pert I or Part II		VEN IN PART	1,00	PERFORME NO	D?	
MEDICAL CERTIFICATION	geve rise to immed (a), stelling the u cause lest. PART II. OTHE 20e. A CCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour e.m.	DUE TO (c) R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) DRY Month, Dey, Yee 19	20b. DES	CRIBE HOW INJURY	OCCURED. 20e, PLAC	(Enfer nature of injury in E OF INJURY (Home, fan ry, straet, offica bldg., etc.	Pert I or Part II	of item 18.) or town)	{Cou	YES nty)	PERFORME NO	ta)	
	geve rise to immed (a), stelling the u cause lest. PART II. OTHE 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour e.m. p.m.	DUE TO COLUMN TO DUE TO R SIGNIFICANT CONDITION AS UNDERLYING COLUMN TO DEATH CAUSE OF DEATH MEDICAL EXAMINER RY Month, Dey, Yee 19 hat (I) (this hospit	20b. DESC or 20d. I While et work	CRIBE HOW INJURY	20e, PLAC factor	(Enter nature of injury in	Pert I or Part II m., 20f. (City	of item 18.) or town)	(Cou	YES nity)	PERFORME NO (Stet)	(a)	
	geve rise to immed (a), stelling the u cause lest. PART II. OTHE 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour e.m. p.m.	DUE TO (c) R SIGNIFICANT CONDIT AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER (RY Month, Dey, Yee 19 hat (I) (this hospit sed alive on	20b. DESC While et work	CRIBE HOW INJURY	20e. PLAC factor d from	E OF INJURY (Home, fan γ, straet, office bldg., etc.) June, death occured at ATTENDING PHYS. 22d. ADDRESS	Pert 4 or Part II m, 20f. (City 196], toM, from MED. DIRECTOR	of item 18.) or town)	(Cou , 19. and on 1	YES nity)	(Stet) (I) (we) stated at	la)	
WEDICAL	geve rise to immed (a), stelling the u cause lest. PART II. OTHE 20e. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJU- Hour e.m. p.m. 21. I certify saw the decea 22e. SIGNATURE 21. I hysician's NAME (Type	DUE TO COLUMN TO THE PROPERTY OF THE PROPERTY	20b. DESC While et work (al) attend	CRIBE HOW INJURY	20e. PLAC factor d from	(Enfer nature of injury in the OF INJURY (Home, farmy, straet, office bldg., etc.) June	Pert & or Part II m. 20f. [City 196], toM, from MED. DIRECTOR [and, Mac. 23d. LOCA	of item 18.) or town) the causes STAFF PHYS.	(Cou , 19 and on t	YES (A) (A) (B) (C) (C) (C) (C) (C) (C) (C	(Stet) (I) (we) stated at) last bove.	



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMO

01918 CERTIFICATE OF DEATH 01899

	PLACE OF DEATH				2.	USUAL RESI		re dece	b. COUN	ame a			dmission)
_	Ga	rrett		MARYLAN	ID	a. Jinit	id.		D. 0001	" GA	rret	T	
		foutside corporate lim give neerest town) nton	ils,	62 Yrs	16	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Rural Swanton:							rn]
			if not in hos	pitel, give street address)		d. STREET ADDI	RESS						ESIDENCE
	6 Mi. E.						E. Swan					YES X	
	NAME OF DECEASED	First		Middle		Lasi	4. DA		Month	1	Day	Yee	
	(Typa or print)	Robert			padwa	ter	DE.	ATH		o. 16		196	2
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. D/	ATE OF BIRTH		9.	AGE (In years last birthday)	-		IF UNDER	
	Male	White	WIDOWE			v. 17,18	-		62 yrs.	Months		Hours	MIn.
10a	 USUAL OCCUPATI ne during most of wor 	ON (Give kind of working life, even if retire	k 10b. K	IND OF BUSINESS OR IND	USTRY 1	1. BIRTHPLACE	County & Stet	e, or fo	reign country)	12. 0	ITIZEN C	F WHAT	COUNTRY
	Laborer		-	er Mill		Garret	t Co.Md	l _a r		U.	S.A.		
13.	FATHER'S NAME				1 14.	MOTHER'S MA	IDEN NAME				-		-
	Frederick	Broadwate	r			Ellen V	Wilt						
		ER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INF	THAME			Address				
(10	no no	yesgive weror detesor.	service)	217-05-0220	N	irs. Say	villa E	Broa	dwater				
-	The second secon	EATH Enter only on	couse/per	me for (e), (b), and (c).]	-	- 1/						TERVAL BET	
		H WAS CAUSED BY,	X	secens	775	3 Sto	meh	/		6	the or	ASET AND	DEATH
	151	DUE TO		1		100-					1	1.	
	Conditions, if any	, which b	16	(and a	100 4	Tope	0				00	MO	
	geve rise to Immedia	DITE TO	X	Lower	01100	7							
	(a), stating the us	nderlying											
Z.		SIGNIFICANT COND		TRIBUTING TO DEATH BU	T NOT RE	LATED TO THE T	ERMINAL DISE	ASE CO	ONDITION GIV	EN IN PA	RT 1(a)		UTOPSY PRMED?
)HY													NO [
CERTIFICATION		AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URED. (En	ler neture of inju	ry in Perf I or I	Perl II o	if item 18.)				
3	20c. TIME OF INJU	RY Month, Dey, Ye	per 20d.	INJURY OCCURRED 20e	. PLACE	OF INJURY (Home	, ferm, 20f.	(City o	or town)	(Co	ounty)	1	(Steta)
MEDICAL	Hour a.m.	19	While el wor		factory	street, office bldg	., etc.)		1-			/	
		hat (I) (this hose	ital) atten	ded the deceased fr	on V	604	1961	to A	5/26 /	6,1	96	that (1) ((we) last
		ed alive on	el ex		V	ath occured		from					
	226. SIGNATURE		7	/	1	I					-	22/6	. DATE
	Vou	c+ ///d	70	Y	M.D.	ATTENDING PHYS.			STAFF PHYS.			1/16	SIGNED
	294 PHOSTCIAN'S	- July -				22d. ADDRESS						/	
	THE (1990)	James A. W	olver	ton, Sr.		Pie	dmont,	W.V	a.			/	
238	BURIAL, CREMATI	ON, 236. PATE THE	REOF	23c, NAME OF CEMET	ERY OR	CREMATORY	23 d.	LOCAT	ION (City, to	wn or cou	nty)	(5	tete)
	REMOVAL (Specify) Burial	2/18/6	~	Broadwate	er			irre	-			Mo	i.
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25e	-		AR 255. RE				
	CX-1	soax	1	esternport,	Md.	DAT	FEB 2	0 16	1 20	O at Lung	9 4	saud_	

100 ± 754

and make a State of the second

FINE PROPERTY.

4400044=1 , 5 , 5 = 0

ECETO

25

W - 1- 10 4 100 = 200=

THE RESERVE THE PARTY OF THE PA

,

granding to the grand

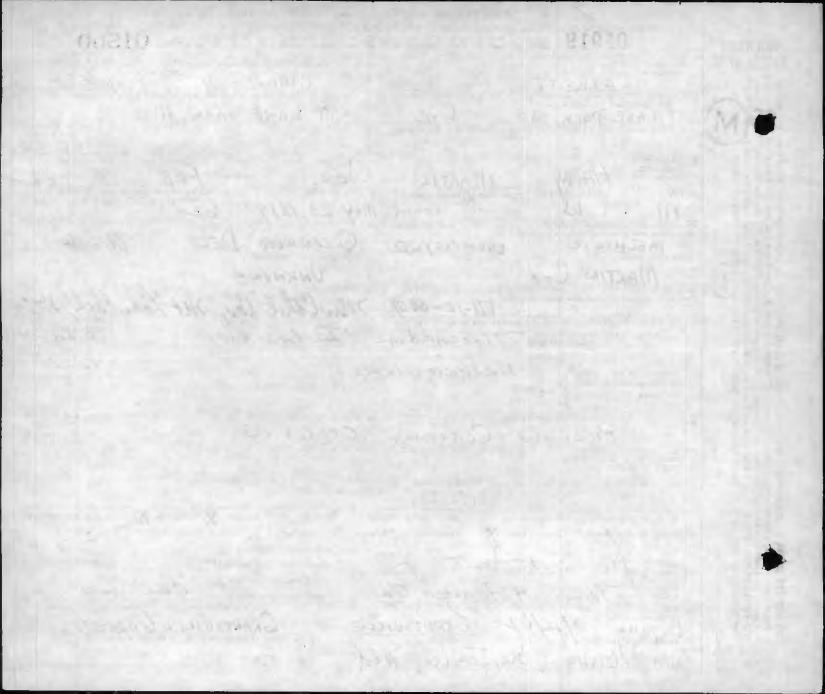
All orningstoom and the life of the life o

and production at the state

POR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1919 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01500

LALIN DEL II		COUNTY	Z. OSOAL RESIDENCE (When deceased lived, it institution	sidence before edinission)
± . 3		CARRETT MARYLAND	. STATE MARY/ AND b. COUNTY GA	RRETT
Pa	1	CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (It outside corporete limits, write RURAL end	
0 5	-	write RURAL and give nearest town)	V and I P . Mr.	3 /10/100/100/100/
M I			A INI LAKE DARK, MD	
- S & IV	,	NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give sweet eddress)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
P P P			1	YES NO NO
Print H	3,	IAME OF / First Middle	Last 4, DATE Month	Dey Yeer
de Sa		(YPO OF PRINT) HARRY MARTIN	OF OF	0 1-
- 0 6 F P	-		- CX	7 1962
E SEE	5.	EX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers If UNDER 1 Y	
ma Z x urs		M WIDOWED DIVORCED 1	MAN 23 1899 62 Vrs. Months D	eys Hours Min.
d S		USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y AT. BIRTHPLACE (State or foreign country) 12, CITIZ	EN OF WHAT COUNTRY?
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	do	during most of working life, even if retired)	O 101 D- 9	1 C D
Pages Pages in	-	MECHINIC WHEMPLOYED	GREEN WOOD DEL O	121H
Pag V	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SE CT		MARTIN COX	UNKNOWN	
O EE E		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1		21.
18 Th. 19	(Ye	no, or unkown) (Ifyes give wer or deles of service)	SM ETH 1 1. MILY	Park Nos
en vith	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	The whole low, The pane	acc jule
- D				ONSET AND DEATH
i lisi il i inol inol inol inol inol		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) /// YOCARdinL	LNTARCTION	ONGGEN
- in		DUE TO		
A HICK		Conditions, if ony, which I ARTERIOSCIER	62.4	YEARS
0.4		geve rise to immediate cause		
S E S E		(e), steting the underlying DUE TO		
en de		cause lest. / (c)		
Z X S NO	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
a para	EV	PRZUMUS CORONARY	Occlusion	YES NO DE
N A STATE OF THE S	CERTIFICATION		inter nature of injury In Pert f or Pert II of item 18.)	
S S S S S S S S S S S S S S S S S S S	ERT	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
S S S S S S S S S S S S S S S S S S S				
111111111111111111111111111111111111111	ICAL	for any	CE OF INJURY (Home, form, 20f. (City or town) (Country, street, office bldg., etc.)	(State)
N B B S S S S S S S S S S S S S S S S S	WEDI	Hour e.m. While Not While set work et work		
ate the control of th	1	21. I certify that I took charge of the remains described above, he	ld an Autopsy Inspection . Inquiry	and in my opinion
T D C C				-
P P P P		death resulted from: Natural causes Accident, Suici		2-9-62
Tward DIRE		10 11-1-	CHIEF MEDICAL EXAMINER	1
0 0		SIGNATURE SIGNATURE & Jeasler A.	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
3855			DEPUTY MEDICAL EXAMINER	
execution of the following the		NAME (1/po) JAMES H. TEASTER TR	Address (Street, city, town, or county) OAIC	776
should be for its designate	22e	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		(Stele)
0 0 4 0 9 V		REMOVAL (Specify) 2/12/62 GRANTSUILL	- Contract	serol. Ma
15400	n.c		240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	E// CO ///
VS. ATSME	23.	FUNERAL DIRECTOR ADDRESS		
5M 9/60	1	on Thouman Shanlovelles We	DATE FEB 1 4 '62 Coming &	Trassa
2,				

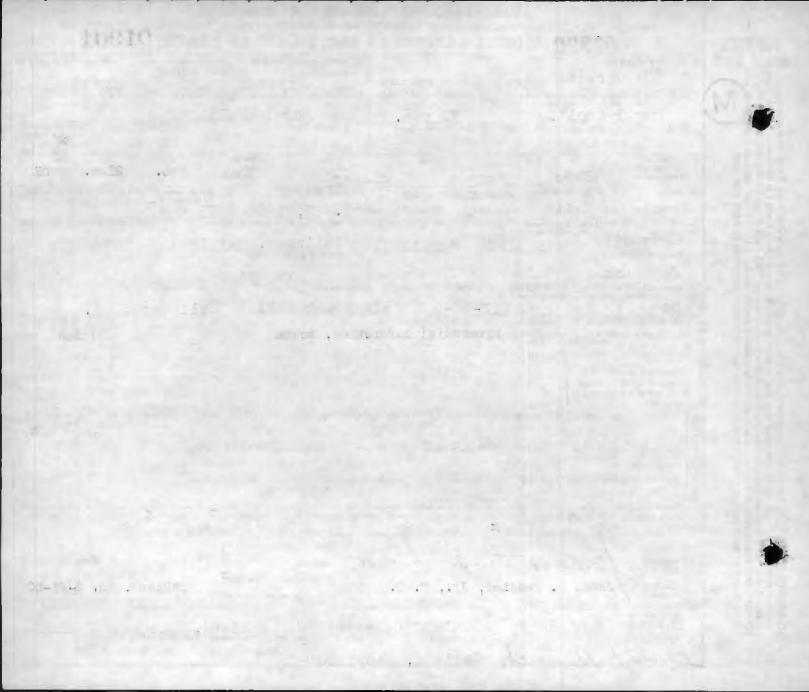


FOR STATE HEAT

MARYLAND STATE DEPARTMENT OF HEALTH

01920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01901

HEALIH DEPI.		PLACE OF DEATH				2. USUAL RESIDE	NCE (Where dece	ased lived, If ins	ditution: Resid	ence before a	dimission)
28 主		a. COUNTY Ga.	rrett		***	e. STATE		b. COUNTY	Com		
Page les	-				MARYLAND		rland		Garr	ett	-
N EE's			outside corporate limits, give necrest town)	c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	(It outside corpore	ite limits, write K	UKAL and giv	e neerest low	(n)
2 0 1	1	Rural	Crellin	20	vrs.	X Rura	al Creli	lin			
S S S S S S S S S S S S S S S S S S S		d. NAME OF HOSPIT.	AL OR INSTITUTION (if I	not in hospitel, give s		d. STREET ADDRES	5				ESIDENCE
高声子の ×										YES P	A FARM?
de ale este de th.	-	NAME OF	First		Middle	Last	4. DATE	Month	0.	1 Busted	had
Stail	-	DECEASED					OF	Feb.	27	y Yea	62
유민		(Type or print)	Sara	Naomia	Di	lley	DEATH	reu.	2,3,4	19	90
aft a ft	5.	SEX	6. COLOR OR RACE 7	MARRIED K NEVE	R MARRIED 8.	DATE OF BIRTH		AGE (In years IF			
may may	9	Female	White	WIDOWED	DIVORCED [Oct. 22.]	1886	ost birthday) 75 yrs.	Aonths Deys	Hours	Min.
12 P F			ON (Give kind of work	106. KIND OF BUS	INESS OR INDUSTR		la or foreign count	(א)	12. CITIZEN	OF WHAT	OUNTRY?
1, 198 S	do	me during most of wor Housewif	king life, even if retired)	Own Hom		Daddan	3/	7 7	110		
Pes lin			6	JOWN HOR	.0	Bittinge		Itand	US	A	
Tage Set	13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
Town T		John Loh	r			Eva	Myers				
E C E	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCE	S? 16. SOCIAL SE	CURITY NO. 17. I			Address			
W ST THE S	111	no, or unkown; (it	yas give war or detas of sarv		6567BG1	ennroot Di	11011	Baltimo	mo M	a	
with	-		EATH [Enter only one ca				ritel	oat ring		NTERVAL BET	WEEN
in the second		211227	WAS CAUSED BY:			ction, acute	9		8	udden	DEATH
and		11 4 1	MMEDIATE CAUSE (+)	11,0001 0.	ret THEGI	oron, acade	•			udden	
		4	DUE TO								
Haring Was		Conditions, if any,	which (b)								
or o		gave rise to immedie	te cause						-		
ing er ses		(e), stelling the un	derlying DUE TO						1		
ical min ad a		cause lest,) (c)_								
THE X NO	O	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE CO	NOTION GIVEN	IN PART 1(a)		RMED?
ord be be	F									YES T	NO -
W Alica dica di Care d	F	20a. EXTERNAL CA	USE WAS 206	DESCRIBE HOW IN	UURY OCCURED. (E	nter nature of injury In P	ert I or Pert II of it	em 18.)	-		
g the f Merical,	CERTIFICA	PRIMARY OF COI	ATRIBUTING []								
hie hie	3	20c. TIME OF INJUR	RY Month, Dey, Year			CE OF INJURY (Home, fe		r lown)	(County)		(State)
Page	MEDI	Hour a.m.	19	While Not W	Ulita	iry, areer, onice bidg., e	1				
Tion the state of	~	21 T consider the	at I took charge of			ld an Autoney	Inspection P	Inquiry	77 00	d in my o	ninion
15 50 g			1			7	_			id ill illy o	pinion
P P P P P P P P P P P P P P P P P P P		death resulted if	fom: Natural caus	ses Accid	ent Suici	de, Homicide	e [], Unde	termined mar	nner		
ag ag			/	L		CHIEF MEDICA	L EXAMINER				
My individual		ACTUAL	ann H.	Isutar	· for hor	M.D. ASSISTANT MI	EDICAL EXAMINER			DATE SIG	NED
AIL AIL		SIGNATURE	*		11	M.D.	AL EXAMINER	_			
bepury M lease execute should be for FUNERAL r its designate		NAME (Type)	ames H. Fea	ster, Jr.	M. D.		t, city, town, or co	Oakl	and, Mo	1. 2-2	1-62
DEP should its d	220		N. 226. DATE THEREOI	22c. NAM	E OF CEMETERY OR			N (City, lown, o	r country)	(Sie	(e)
O 2 4 0 9		REMOVAL (Specify) Burial	2/25/62	001-7	and Com-	+	0.1-7	3 36.	7 7		
H H	-00			Oakl		etery	Oaklar	PI 345 PEGIS	Vland	21 NDS	
VS. A15ME	23	OA A P	m.	0		248. K	MAR 1 '6		Class S. 9		
5M 9/60	1	Derald //	Munnic	h Oakl	and. Mar	vland DATE	MAN 1		20 M	UNION. IS	
00			1	-, 1							



VR A15 (4) 15M 9/60

18

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN 01921 CERTIFICATE OF DEATH

a. COUNTY		e. STATE	b. COUNT	ostitution: Residence Datore admission)
GARRETT	MARYLAND	WES WES		CRANT
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			RURAL and give naarast town)
write RURAL and give nearest lown) OAKT.AND	2 days	DIV	GARDEN	85× -2
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS	GARDEN	I e. IS RESIDENCE
				ON A FARM?
	SPITAL	W	****	YES NO X
DECEASED	Middle	Last 4	. DATE Month	Day Yaar
(Type or print) JOHN	JOSEPH	DROPPLEMAN	DEATH FEB.	27, 19 62
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years last birthday)	
MALE WHITE WIDOW	ED DIVORCED C	SEPT.18.1880	Ray yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b.	KIND OF BUSINESS OR INDUSTR		& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if retired)	Ceal Mines	Marylan	nd	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1
	TISEASE			
HENRY DROPPI			ESA HARMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (Yas, no, or unknown) (Ifyasgive warprdalesofservice)	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Addrass	
No /////	236/12/7946	JAMES DROPPLEM	IAN	
18. CAUSE OF DEATH [Enter only one cause por	line for (a), (b), and (c).]	-7		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ишаша .	terringel.		ONSET AND DEATH
1 1 1 2 11 1	to len.	1 = 100 = 1	u Lesiax	
T 3 X DUE TO Hey /2	circular care	dio bascula	co werences	1. dunit
Conditions, if any, which gave rise to Immediate cause	h huphlible	ly o Congre	elurjallur	- LELDONA
(a), stating the underlying DUE TO	4/1 6	*	0	10-116
cause last.	iterrosch	acco		101272
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\{				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	ESCRIBE HOW INJURY OCCURED	, (Enter natura of injury in Par	t I or Part II of item 18.)	
	BUILDY O COURSES DD DIA	CE OF BUILDY ALL .	201 (54)	IC. a.s.
20c. TIME OF INJURY Month, Day, Yaar 20d Whi		CE OF INJURY (Homa, farm, ory, streat, office bldg., atc.)	20f. (City or town)	(County) (Stata)
p.m. 19 at we		777	10	
21. I certify that (I) (this hospital) atte	nded the deceased from.	FEB. 25, 19	02 to FEB.27	, 1962., that (I) (we) last
saw the deceased alive on 244				nd on the date stated above
22a. SIGNATURE	i .		(iv) 11 att 1110 accord	22b. DATE
1 0 1	1.	ATTENDING MED	STAFF	D-1-2 SIGNED
22c. PHYSICIAN'S	aance "	22d. ADDRESS	CTOK [] PHIS. []	7/7:00
NAME (Type) ANDREW E. MA	NOT M D		TO CAPTAN	TO MADEST AND
		THIRD STRE		D, MARYLAND
23a, BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	11 11 6
3-2-62	1007		ELK GAR	den Wla.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a, REC'D	BY REGISTRAR 256, REGI	STRAR'S SIGNATURE
Robert Krele Vritto	to detrille	4 Mal DATE M	No 5'62 C	William S. Kraus
1	- Lugina	300		

\$0000	10010
AND THE RESERVE OF THE PARTY OF	
	Care Comment
動 60 4.0 一	AND THE RESERVE AND ADDRESS OF THE RESERVE AND A
Thomas - The Contract of the C	
	12 May 45
CONTRACT LIBERT NEET PROPERTY	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY e. STATE MARYLAND GarthalT Gi...uriT1 MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RJRAL and give pearest town! D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? MEMORTAL HOSPITAL YES NO 3. NAME OF 4. DATE Month Year DECEASED GANK DARLENE PAMULA DEATH (Type or print) carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (n yeers IF UNDER 1 YEAR IF JNDER 24 HRS. B DATE OF BIRTH and lest birthday) Months | Days Hours FEMALE D VORCED APRIL 30. 1958 IDe. JSUAL OCCUPATION (Give kind of work 1 IDb. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CAKLAND, MARYLAND U.S.A. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GAROLD GILBERT GANK BOWSER. GLORIA DELORES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) GAROLD GILBERT HUTTON. MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ILOU R IMMEDIATE CAUSE (a) LARd. DC signed **burial-transit DUE TO** Heart Discus Conditions, if any, which has been gave rise to immediate cause DUE TO (a), sletting the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER ECTOR: And I 2Dd. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. , to _____ 5 ___ 196 -, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from 4-30 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DRECTOR PHYS. death. Page 4 director, page 5 be filed with the M D 22d. ADDRESS PHYSICIAN S JAMES H. FEASTER. OAKLAND, MARYLAND 1 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 1 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Co. Memorial Gardens Garrett 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE VR A35 (4) Maryland 15M 9/60 Ce. . 47 8. 7 Trace



MARYLAND STATE DEPARTMENT OF HEALTH 01923 CERTIFICATE OF DEATH

MARYLAND

01904

reston

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COLINTY

· · va.

b. COUNTY

	(M)
ŀ	

PLACE OF DEATH

Jarrett

moy be retaine "I've the haspital ar attending physician.

TO FUNERAL DIVENAL DIVERMENT OR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 21 the State Baard af Health priar to burial, cremation, or removal, and in any event, within 72 hours after death:

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VR A15 (4) 15M 9/59

	 CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) 	te c LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	vailan!	ll days	Turner-To	บปลร	85x · 3
_	d. NAME OF HOSPITAL (If not in hospital, give shook INSTITUTION		d STREET ADDRESS	- Charles	e IS RESIDENCE ON A FARM?
		Mospital			YES NO
3.	NAME OF First	Middle	Lost	4. DATE M	ionth Doy Year
	OECEASED (Type or print) Victoria	Perina Ha	าาเพื่อได้	OF DEATH Peb	7 19 52
5			B DATE OF BIRTH	9. AGE (In year	IF UNDER TYEAR IF UNDER 24 HRS
		OWED DIVORCED	Feb. 28, 187	lost birthdoy	Transfer Cody's Tradity Prints
10c	usual Occupation (Give kind of work done during most of working life, even if retired)	06. KIND OF BUSINESS OR INDUS	· ·	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Jwn lone	larylad		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	George Sines		Luc	inJailhelm	
	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 IN	IFORMANT		ddress
	no	none	eorse Haskiel	1 Turner	-Don las /a.
	18. CAUSE OF DEATH Enter only one couse po				INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	+lucury	ia Rito	France	ONSET AND DEATH
	Lin S DUE TO	4.	. / . /		4
	Conditions, if only, which)	11-1218/111/1	06-181110	1 5 Reportedit	reller 20toles
	gave rise to immediate	, caran	1 /circu	a localinger	144
	lying cause last	Milos xxx	1 / 2 - 2 - 2	<i>V</i>	
z	PART II OTHER SIGNIFICANT CONDIT O	NE CONTRIBUTING TO DEATH BUT	NOT BELLTED TO THE TERM	UNIAL DICEAGE CONIDITION C	THE THE BART I'M TO WAS A TORKY
CATION	TAKE IT CHIEK SIGNIFICANE CONDITO	AS CONTRIBUTING TO DEXTH BUT	NO: KEDATED TO THE TERM	INAL DISEASE CORDITION C	PERFORMED?
IFIC	20a ACCIDENT WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURRE	2 (Enter noture of injury in	Port I or Part II of item 18)	
ERT	OR CONTRIBUTING CAUSE OF DEATH		(0.000	,	
AL.		d. INJURY OCCURRED 20e. PU	ACE OF INJURY (Home, for	206 (City on hours)	(County) (State)
MEDICAL	Hour o.m. W	hile Not while for	tory, street, office bldg., et	c.)	(County) (State)
¥	p. m. 19 at	wark ot work			
	21. I certify that (I) (this hospital) att	ended the deceased fram	Sec. 10, 19	61 . to F. B. 7	, 19.62., that (I) (we) last
	sow the deceased olive an 12-12-2				
	22o. SIGNATURE				22b DATE
	11/15-11	11161	M.D. PHYS.	AED. STAFF	SIGNED
	22c PHYSICIAN'S		22d. ADDRESS		
	NAME (Type)	M.D.	16.11.91	"n" n	n n
22.		23c NAME OF CEMETERY O	O COEMATOON		
230	REMOVAL (Specify)		K CREMATURI	23d LOCATION (City, town	n, or county) (Stote)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	ne_ ne	D BY REGISTRAR 256 REG	GISTRAR'S SIGNATURE
24.	iora of Turnech				
-	the state of the state of	uaklani, ar	DATE C	th 13'62 C	. 17 S. Throne



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01324	GEATH GAI	ot buatin		V1905 _
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where		esidence before admission
Л	Garrett	MARYLAND	West Virginia	b. COUNTY Marion	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		rporele limits, write RURAL and	give neerest town)
	write RURAL and give nearest town) Oakland.	4 vrs.	Fairmont.	5*	X'
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitel, give street eddress)	d. STREET ADDRESS	loe"	. IS RESIDENCE
100	Cuppett-Weeks Nursing	Home			ON A FARM?
	3. NAME OF First DECEASED	Middle	Lest 4. DATE	Month	Dey Year
	(Type or print) John	Andrew	Heim OF DEAT	H February	21. 1962
	5. SEX 6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH	9. AGE (In years (IF UNDER 1	~
	Male White WIDOWE	ַ עון פּיַ	dx. 20, 1878	lest birthdey) Months (Deys Hours Min.
	10a. USUAL OCCUBATION G v kin Cavery non to		Y 11 B RTHPLACE , County & State of		ZEN OF WHAT COUNTRY
	Custodian. Bldg's & Gro	umds	Wilkes Barre.	Penna. U.	S.A.
	13. FATHER'S NAME	our co	14. MOTHER'S MAIDEN NAME	LOIMIG 0.	U.A.
	Martin Heim		Emma?		
	15. WAS DECEASED EVER IN ILS ARMED SORCES 14	SOCIAL SECURITY NO. 17. 8		Address	W. Va.
	(Yes, no, or unkown) (If yes give weror deles of service)	5-46-1823 Joh	m Heim - 950 C	oleman Ave.	Fairmont.
	18. CAUSE OF DEATH [finter only one cause per]	ne for (e), b) and (c),	^ '		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: MAREDIATE CAUSE (a)	aucel aires	es selezonec		ONSET AND DEATH
	DUE TO				- 1
	Conditions, If eny, which \ (b)				
	geve rise to immediate cause (a), stelling the underlying DUE TO				
	cause lest.				
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUT NG TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT				YES NO WED!
*	20e. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert 1 or Parl	II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH				
	3 20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, farm, 20f. (C	ity or town) (Cour	rly] (Slefe) -
	20c. TIME OF INJURY Month, Dey, Year 20d. I Hour e.m. While of work		ory, street, office bldg., etc.)	1	
	21. I certify that (I) (this hospital) attend	ded) the deceased from	4 10 58 19 19 11	· 5 Z 1 /52.19	, that (I) (we) las
	saw the deceased alive on 2 616		death occured 12.130 Piece		
	220. UGNATURE				22b, DATE
	Laurn Contr	DI. M	D. PHYS. DIRECTOR	STAFF PHYS.	7 12 \$ 151GNEE
	22e. PHYSICIAN'S NAME (Type) E. T. Boumgar	thon M D	22d. ADDRESS	747	Clacks I disc
1	Mywe (Abel E . T . Darmagal.	tner, M.D.	Oakland,	Md.	
	23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		CATION (City, town or county	(State)
	Burial 2/23/1962	Woodlawn Cem	etery Fair	rmont, W. Va	•
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REG		F .00
	1710 Deighton	✓ Oakland	l, Md. DATE FEB 26'	62 Unilun d.	i hairs



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if institutions Residence before edmission) a. COUNTY a. STATE b. COUNTY GARRETTMARYLAND b. CITY OR TOWN ('f outs'de corpora e limils, c LENGTH OF STAY IN 16 Oakland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS MEMORIAL 3. NAME OF Middle 4. DATE DECLASED OF WTT.I.TAM (Typa or print) HOMARD DEATH KELSO 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MALE W DOWED FIT DIVORCED 10a. USUAL OCCUPATION (G'va kind of work done during most of working life, even if retired) Own Farm RET. FARMER BOYNTON 13. FATHER'S NAME

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest own) . IS RES DENCE ON A FARM? YES KNO Month Dev Year 9. AGE (In years . IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) | Months Hours 76 yrs. 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHP. ACE County & State or foreign country) [12. CITIZEN OF WHAT COUNTRY? U.S.A. JIM KELSO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 15 WAS DECEASED EYER IN U.S. Annes reduced (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 220-07-8089 Mrs. Oma. Accident, Md. Leydig 18. CAUSE OF DEATH [Enter only one cause per line for .e). (b), and (c)., INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) geve rise to immediate ceuse DUE TO (e), steting the underlying E COND TION OVEN IN PART I(a) RELATED TO THE TERM NA. DIS PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT I WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INTURY OCCURED, (Enter nature of insury in Pert L or Part L of Itam 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. NJURY OCCURRED ' 20e. PLACE OF INJURY (Home, ferm. , 20f. (C'ty or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While _Not While Hour e.m. al work al work 21. | certify that (I) (this hospital) attended the deceased from NOU. 1961, to 466. 1962bet (I) (we) last1962, and that death occured at 1... 5M, Inoth the causes and on the date stated above. sew the deceased alive on. 22e. SIGNATUL ATTENDING STAFF 19 PHYS. DIRECTOR PHY5. 22d. ADDRESS 22c. PHYSICI. NAME OAKLAND, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF St. Paul's Cometery Accident, Md. Oakland, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FINERAL DIRECTOR'S, SIGNATURE DATE FEB 2 & '62 Outhur S. Thanks

physicia attending I death. Page 4
TO FUNERAL
director, pr 15M 9/60

\$7.4 4.24

70

VR A15 (4)



VR A15 (4) 15M 9/59

90

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01926

01907

Serve Control Country Countr	1 PLACE OF DEATH a, COUNTY		2. USUAL RESI	DENCE (Where decease		n: Residence be	fare admission)		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL and give measure town) RURAL 1, CTRINES VILLE, M. 7 months RURAL 1, CTRINES VILLE, M. 1,		MARYLAND		daryland	b. COUNTY	Allega	nv		
Ruyal, Grantsville, M. 7 months d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d NAME of NOSTIAL (How in supple), greet reddens) d STREET ADDRESS \$ 241 Now Humpshire Aro. 15. NAME of my my book of the Nostial (How in supple) White Widdle Low Park Free Dear Park Feb. 20. 19 62 Sex 6. COLOR OR RACE 7. MARRIED N. NY MARRIED N. NY NOSTIAL (How in supple) White Widdle Widdle Sept. 1 N. S. Sex Not to February Not to How in supple Not	b, CITY OR TOWN (If autside corporate limits, w RURAL and give nearest town)	rile c. LENGTH OF STAY IN 16	c. CITY OR I	OWN (If autside corp	orate limits, write RL				
OSI INSTITUTION GOOD WILL Membraite Home Inc. 241 Now Hampshire Avo. 15 No Inc. 16 No Inc. 18 DATE Date Date Date Date Date Date Date Date	Rural, Grantsville,			Cumberland		6.10	2-6		
Coodwill Mennonite Home Inc. 241 Now Hampshire Are. Tes No	d NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet address)	d. STREET A	DDRESS			e is residence on a farm?		
DECEASED (Type or prim) Dettie M. Kight Death Feb. 20 19 62 10 65 10 65		ome Inc.	241	New Hampsh	ire Avo.				
(County) Sept. 10. Death Feb. 20. 19. Action of the miles of the side of the s		Middle	Los	4. DATE		h 1	Day Year		
Sept. 25, 1866 Sept. 26, 1866 Sept		M.	Kight	DEATH	Feb.		1, 0,0		
Conditions, if any, with the course to the rolling course to the		MARRIED NEVER MARRIED	8. DATE OF BIRT	н	9 AGE (In years				
Substitute Conditions, if any, which gave rise to immediate couse (a), stating the under to the intermediate couse (b), stating the under to the intermediate couse (c). Stating the under to the intermediate couse (c), stating the	female white wi	DOWED DIVORCED	Sept.	25, 1866	95 yrs.	Mattins Days	ridurs Min.		
Housewife Own home West Virginia U.S.A.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11, BIRTHPL	ACE (State or foreign	cauntry)	12. CITIZEN	OF WHAT COUNTRY?		
Thomas L. Shrader 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mrs. Leah Huffman Blauvelt, N. Y. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. Chronic brain syndrome Canditions, if any, which gave rise to immediate couse (b), stoling the unders (c) The part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) TO ACCIDENT WAS UNDERRYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) TO ACCIDENT WAS UNDERRYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY (c) TO ACCIDENT WAS UNDERRYING (c) TO ACCIDENT WAS UNDERRYING (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMEDY PERFORMEDY (c) TO ACCIDENT WAS UNDERRYING (c) TO ACCIDENT WAS UNDERRYING (c) PART II. OTHER SIGNIFICANT (c) TO ACCIDENT WAS UNDERRYING (c) TO ACCIDENT WA		Own home	We	st Virgini	8	U.S	.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INTERNANT Mrs. Leah Huffman Blauvelt, N. Y.	13. FATHER'S NAME								
IB. CAUSE OF DEATH Enter only one course per line for (c), (b), and (c).	Thomas L. Shrader		1	aura Kinca	aid				
NO UNKNOWN Mrs. Leah Huffman Blauvelt, N. Y.			INFORMANT	-	Addr	ess			
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate (b) Cerebral arteriosclerosis 10 yrs gave rise to immediate (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART I		UNKNOWN	Mrs. Lea	h Huffman	Blauv	elt, N.	Υ.		
DUE TO Conditions, it any, which gave rise to immediate cause (a), stating the under: Due to	1B. CAUSE OF DEATH [Enter only one cause	per line far (a), (b), and (c).]	44	-		IIN	TERVAL BETWEEN		
Canditions, if any, which gave rise to immediate cause (a), staling the under: lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Year While of wark	PART I DEATH WAS CAUSED BY.	Chronic brai	n syndr	ome					
Conditions, if any, which gave rise to immediate cause (o), stoling the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? PERFORMED. P									
gave rise to immediate cause (a), stating the under: Yes Due to	Condition is a second	Cerebral arteriosclerosis							
PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? PERFOR	gave rise to immediate	gave rise to immediate							
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(a) Part II. OTHER SIGNIFICANT CONDITION GIVEN IN	Luise agues last	Couse (a), signing the Union							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at while at wark at wa	7 (0)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY							
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at while at wark at wa	DITA						PERFORMED?		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at while at wark at wa	E 200 ACCIDENT WAS UNDERLYING [206	DESCRIBE HOW INJURY OCCURR	RED (Enter nature o	f injury in Part I or Pa	rt 11 af item 18.)				
21. I certify that (I) (this haspital) attended the deceased fram. Oct. 1 1961 to Feb. 20, 1962, that (I) (we) last saw the deceased alive an 2/19/62 19 , and that death accurred at 2:W, Gram the causes and an the date stated abave 226 SIGNATURE 220 SIGNATURE 221. PHYSICIAN'S NAME (Type) A. Paige Strong 222. PHYSICIAN'S NAME (Type) A. Paige Strong 223. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Burial Cremation, 236. Date Thereof REMOYAL (Specify) Burial 232. NAME OF CEMETERY OR CREMATORY Burial 233. REC'D BY REGISTRAR'S SIGNATURE 2450. REC'D BY REGISTRAR'S SIGNATURE									
21. I certify that (I) (this haspital) attended the deceased fram. Oct. 1 1961 to Feb. 20, 1962, that (I) (we) last saw the deceased alive an 2/19/62 19 , and that death accurred at 2:W, Gram the causes and an the date stated abave 226 SIGNATURE 220 SIGNATURE 221. PHYSICIAN'S NAME (Type) A. Paige Strong 222. PHYSICIAN'S NAME (Type) A. Paige Strong 223. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) Burial Cremation, 236. Date Thereof REMOYAL (Specify) Burial 232. NAME OF CEMETERY OR CREMATORY Burial 233. REC'D BY REGISTRAR'S SIGNATURE 2450. REC'D BY REGISTRAR'S SIGNATURE	3 20c. TIME OF INJURY Month, Day, Year	6			ly ar town)	(Count	y) (State)		
saw the deceased alive an 2/19/62 19, and that death accurred at 12:M, Gram the causes and an the date stated abave 22a SIGNATURE 22b. DATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) A. Paige Strong 22d. ADDRESS 22d. ADDRESS Crantsville, Md. 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY Peb. 23, 1962 23c. NAME OF CEMETERY OR CREMATORY Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE	₩ p. m. 19	AILUE IAM ANUE							
saw the deceased alive an 2/19/62 19, and that death accurred at 12:M, Gram the causes and an the date stated abave 22a SIGNATURE 22b. DATE SIGNED PHYS. 22c. PHYSICIAN'S NAME (Type) A. Paige Strong 22d. ADDRESS 22d. ADDRESS Crantsville, Md. 23a BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY Peb. 23, 1962 23c. NAME OF CEMETERY OR CREMATORY Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE	2) 1 certify that (I) (this haspital) at	ttended the deceased fram	Oct.	1 1961 10	Feb. 2	0 1962	that (I) (we) last		
22c. PHYSICIAN'S NAME (Type) A. Paige Strong 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS Grantsville, Md. 23d. BURIAL, CREMATION, REMOVAL (Specify) Burial Feb. 23, 1962 Davis Cemetery ATTENDING MED STAFF Feb. 20, 1962 22d. ADDRESS Grantsville, Md. 23d. LOCATION (City, town, or county) Burial Feb. 23, 1962 Davis Cemetery Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE	0/10	/ 4 -							
22c. PHYSICIAN'S NAME (Type) A. Paige Strong 22d. ADDRESS Grantsville, Md. 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Burial Feb. 23, 1962 Davis Cemetery ADDRESS 22d. ADDRESS Grantsville, Md. 23d. LOCATION (City, town, or county) Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR'S SIGNATURE		/	dedili decorre	a distillation	THE COUSES ON	3 011 1110 00	22b. DATE		
22c. PHYSICIAN'S NAME (Type) A. Paige Strong 22d. ADDRESS Grantsville, Md. 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Burial Feb. 23, 1962 Davis Cemetery Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE 22d. ADDRESS Grantsville, Md. 23d. LOCATION (City, town, or county) Davis, W. Va. 25o. REC'D BY REGISTRAR'S SIGNATURE	6 Parae.	Strong	ATTENDIN	G MED DIRECTOR F	STAFF	Reh.	20. 1962		
23d BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Burial Feb.23,1962 Davis Cemetery Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 23d LOCATION (City, town, or county) (State) Davis, W. Va. 25o. REC'D BY REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S	7000			,	2000	2000		
Burial Feb.23,1962 Davis Cemetery Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	NAME (Type) A. Paige	Strong /		Gran	ntsville	, Md.			
REMOVAL (Specify) Feb. 23, 1962 Davis Cemetery Davis, W. Va. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	23g BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOC/	ATION (City, town, o	ir county)	(State)		
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE	REMOVAL (Specify)	Davis Cemete	erv				,		
- 100			al.				URE		
Byron Kight Cumberland, Md. DATFER 23 '62 Outland & Knows	Byron Kight	Cumberland	d. Md.	DATEER 2 3 '6	2 anti	lus S. Fra	LA .		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY ctor. Page our files. b. COUNTY Garrett MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and g ve nearast town) write RURAL and give nearest town) Swanton Rt. MOS Swanton Rt. d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS o. IS RESIDENCE delay 3 to the funeral ON A FARM? with the State B YES NO 3. NAME OF First Middle Last 4. DATE Day Year DECEASED OF (Type or print) Laura Liller DEATH 62 Virgie Feb. 19 ithin 24 hours after death and Signature of Sixe Pages 1, 2, and 3 is orm PM3. Page 5 may be file pages 1 and 2 with went within 72 hours after 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Deys Hours Female WIDOWED DIVORCED Feb. 28 10a. USUAL OCCUPATION (G va kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or fore gr country) 12. CIT.ZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Housewife Own Home Swanton, Maryland USA pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMINER: This certificate should be executed within 24 writing the word "pending" in pencil in Item 18. Give P. 9. Chief Medical Examiner's Office along with form PM3 Page 3 should be used as a burial-transit permit. File page to burial, cremation, or removal, and in any event with William Uphole Lvdia Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or datas of sarvica) Melvin Friend Swanton Rt. none 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b) and (c). INTERVAL BETWEEN ONSET AND DEATH Peritonitis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Ruptured Carcinoma of Sigmoid Conditions, if eny, which gave rise to immediate couse DUE TO (a), stating the underlying cause last. PART I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01: 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO EXAMINER: This 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Jem 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL E. Wr., earlicate, Wr., earlicate, Wr., earlicate, Wr., Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, 20f (City or lown) (County) (State) factory, street, office bldg., etc. Hour e.m. While Not While prior at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 22. Inspection Indury and in my opinion 4 should be forwarded to FUNERAL DIRECTO or its designated egent, p DICAL death resulted from Natoral causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER SIGNATURE acting DEPUTY EXAMINER'S ... Baumgartn Ua lard, NAME (Type) Address (Streat, city, town, or county) 220. BURIAL, CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Steta) REMOVAL (Specify) 409 Burial Glendale Cemetery Carrett 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Chilmun S. Thouse Oakland, Maryland DATE



1

01929

04040						
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Whe		If institution: Reside	ince before admission	n)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) "t. Lake Park	LENGTH OF STAY IN 16	CITY OR TOWN (IF ou	utside corporate lin		give recrest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION L St.	'ess)	d. STREET ADDRESS			e, IS RESID ON A F. YES	ARM?
3. NAME Of First DECEASED (Type or print) 17キココキョッ	Middle Henry	lost McPchie	4. DATE OF DEATH	Month Frb.	Day Ye	9 (<u>f</u>
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED		B. DATE OF BIRTH	9. AG lost		PAR IF UNDER	24 HRS. Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		STRY 11. BIRTHPLACE (Stole of	ar foreign country)		TIZEN OF WHAT CO	UNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
William H. McRobie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC	THE CECURITY NO. 117 III	<u> Alice Na</u> VFORMANT	air	Address		
[Yes, no unknown] (If yes, give war or dates of service)		*** -	cRobie	it. Lake	Parkn	r.a
1B. CAUSE OF DEATH {Enter only one couse per tine to PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 1443 X DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTENTS (c)	ere ben pentens			bage Las Dis	RT 1(o) 19. WAS AL	UTOPSY MED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of i	item 18.)	YES 🗌	NO A
20c. TIME OF INJURY Month, Day, Year 20d. INJUF Hour o. m. While p. m. 19 at work	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tov	vn)	(County)	(State)
21. I certify that (I) (this haspital) attended sow the deceased alive on 28 Feb 220. SIGNATURE 38 Augustive NAME (Type) B. L. Grant	1962 and that a	M.D ATTENDING ME DIR		couses and an th	62tho (1) (whe dote stated of 22th) 1 MAY 6 TYLAND	,
REMOVAL (Specify) /_ / _ /	oakland Ce.	netery	Oaklai	City, town, or county) nd, *ary		
Gerald N. Minnich	ADDRESS Oakland, Ma	250. REC'D aryland DATE WA	BY REGISTRAR 7 '62	25b. REGISTRAR'S S		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institutions Residence before admiss on) a. COUNTY a. STATE b. COUNTY Garrett MERVIEND West Vab. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Antioch d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Cuppett-Ve ks Mursing Home None 3. NAME OF 4. DATE DECEASED (Type or print) 5 may be re 2 with the lours after DEATH Jacob Metcalf. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH last birthday) Months WIDOWED X Male DIVORCED Feb. 27,1873 Page 5 rs 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pages PM3. Pa B pages 1 Lwdthin B & O RR Mineral County, W. Va. Rt. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benton Metcalf with form P. permit. File any event. Virginia Sultser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) | [[fyes a vewer or dates of service] /Antioch. West Va. "in peach "."
Office along w
a burial-transit pr 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY, ACUTE CARDIAC FAILURE: PULMONARY IMMEDIATE CAUSE (+) DUE TO CHRONIC MYOCARDITIS Conditions, if env. which gave rise to immediate cause writing the word "pending" e Chief Medical Examiner's Page 3 should be used as a to burial, cremation, or re 38 DUE TO (e), stating the underlying CORONARY SCLEROSIS: AORTIC VALVE CALCIFICATION cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81. 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY | 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X CTO Inquiry 30 DIRECT death resulted from: Natural causes IX. Accident Surfide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated should be to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO James H. Feaster, Jr., M. D. Address (Sireet, city, fown or county) Oak., NAME (Type) 226. BURIAL, CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 40 8 Feb. 27,1962 Queens Point Keyser, West Va. 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Keyser, West Va. DATE FEB 2 8 '62 5M 9/60 Common S. inamon

Mineral

U.S.A.

INTERVAL BETWEEN SH-10 Min.

> PERFORMED? NO

> > (State)

and in my opinion

DATE SIGNED

Years

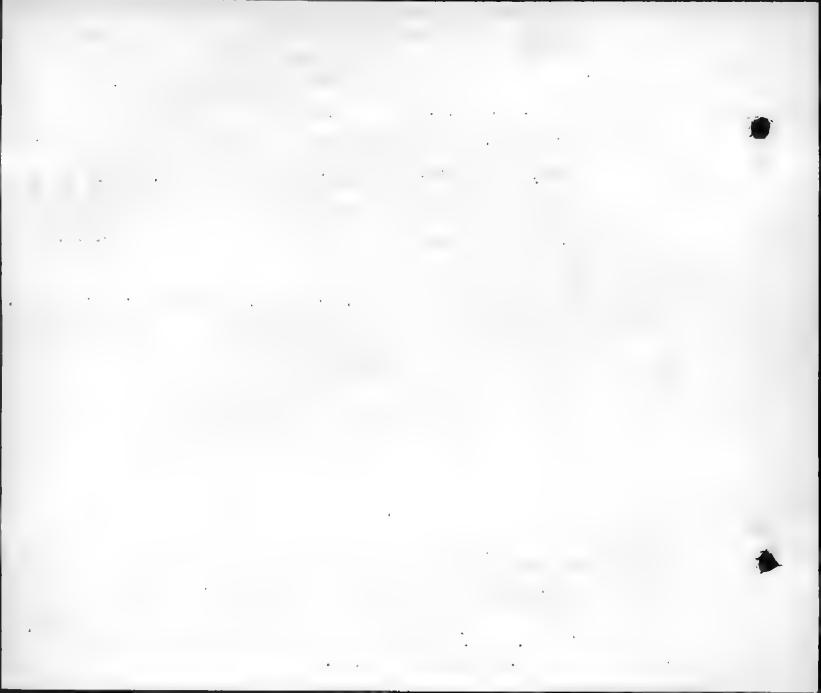
(County)

. IS RESIDENCE ON A FARM?

YES INO K



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND	STATE	DEPARTMENT	OF	HEALTI
DATE AND DESCRIPTION				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

O102

01937	CERTIFICATE	OF DEATH	01912
1. PLACE OF DEATH	110	2. USUAL RESIDENCE (Where de	
Garrett	MARYLAND	•. STATE Maryland	Garrett
b. CITY OR TOWN ('f outside corporata limits, write RURAL and give nearest town)	E. LENGTH OF STAY N 16	c. CITY OR TOWN (f outs de corp	prate limits, write RURAL and give nearest lown)
Uakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	1 Day	Coskland :	Box 31,2
Garrett County Memorial Ho	spital		ON A FARM?
3. NAME OF First	Middle	Lost 4 DATE OF	Month Day Year
(Type or print) Della	Ann	Savage DEATH	February 2 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED 8	DATE OF BIRTH 19.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Mn.
Female White www.	DIVORCED _	Octab r 21, 1895	(C) yrs. , Months Days Hours M.n.
10a. USUAL OCCUPATION (G've kind of work 10b, Klt done during most of working life, even if retired)	ND OF BUS NESS OR INDUSTRY	1 BRTHPLACE (County & State or	fore gn country) \$2. C TIZEN OF WHAT COUNTRY
done during most of working I.fa, even if ratirad) House ife	Home	Hazelton, W. Va	. J. J. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
* Jackson Rodeheaver		Sarah Jane Mang	
15. WAS DECEASED EVER N.U.S. ARMED FORCES? 16. S (Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)		11db barra	Address Box 342
no		Thomas Savase	Uakland,dr.land
18. CAUSE OF DEATH (Enter only one cause per li	ne for (a), (b), and (c).)	· de langer of	ONSET AND DEATH
IMMEDIATE CAUSE (a)	runoma	y direast.	- dyra.
DUE TO		0	9
Condutions, If any, which (b) gave rise to immediate cause			· -
(e), stating the underlying DUE TO			
(-)	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
[FE]			PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURED.	(Enter natura of injury In Part I or Part II	of item 18.)
206. ACCIDENT WAS UNDERLYING ☐ 206. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF DEATH OF CONTRIBUTING ☐ CAUSE OF DEATH			
3 20c. TIME OF INJURY Month, Day, Year 20d. II	4 -	CE OF INJURY (Home, farm, 20f. (City ry, street, office bldg., etc.)	or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. II While While Sp. m. 19	2 100 17 1110	ry, sireal, office stog., etc.)	
21. I certify that (I) (this hospital), altend	ed the deceased from	Oct 6-751960, 10	Fels. 1962, that (1) (no) las
saw the deceased alive on # 2001			the causes and on the date stated above
220 SIGNATURE		ATTENDING MED.	STAFF 9 // 22b. DATE
Joseph Wille	3/ M.	D. PHYS. DIRECTOR	PHYS. 1 7et, 2, 1962
NAME (Type) Dr. Joseph Alva	made	()old on d Howell or	
	23c. NAME OF CEMETERY O	Oakland, Harylar	ATION (City, town or county) (Stelle)
23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)			200
Birial 12-14-62	Oak Grove Co		RAR 25b. REGISTRAR'S SIGNATURE
116 167 20			
Leiald II. Munney	Oakland, Ma:	ryland DATES N. 1 3 '62	Luc, E. France



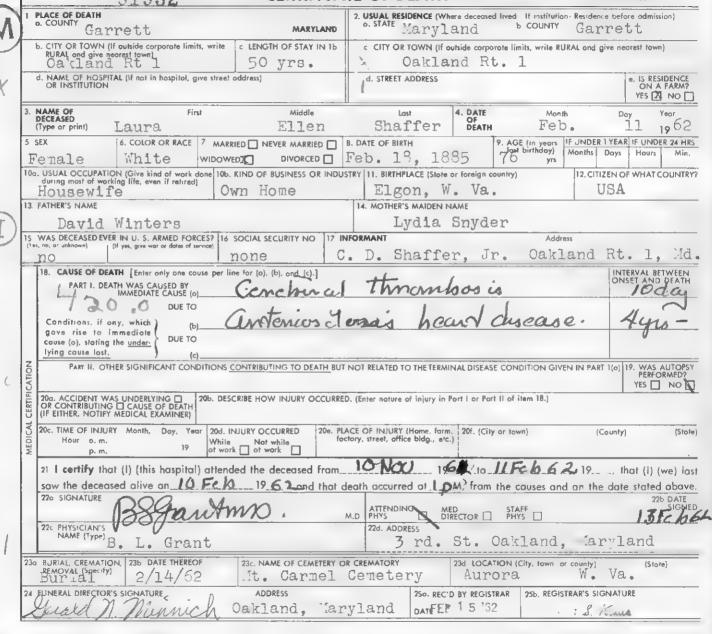
VR A1S (4)

1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01932 CERTIFICATE OF DEATH

01913





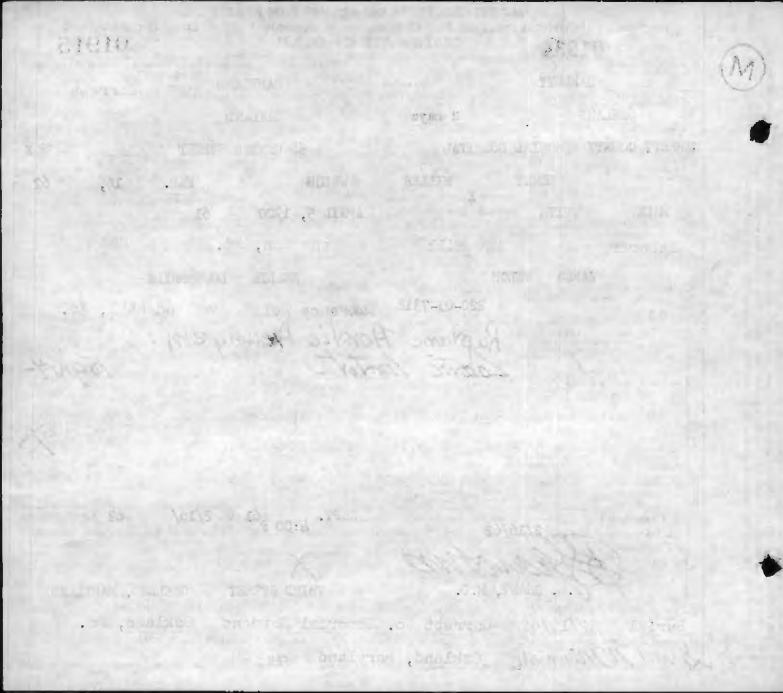


	-
fler	era Mila
S	三层
hou	at p to
24	l an
Ē	orte o
wil	等不是
pe	ers.
706	pap pap
e ex	ithi
pe	and carb
cate	ian ve
artif	emc emc
h c	hd c
deal	ding plea
9	ien al,
fer.	he a
as the	rmit r reg
quir	bed t
5 0	sign ansil
dia di	al-tr
The	s be
Z o	he l
IA	as to
SIC	use ior
H.	is c
0 3	ealt
NIC	Aft Aft of H
ENT	Pt.
Tie	d b
	REC houl
OE	he s
IAL	A H
Pa	WE
HO.	FUI
ope	0.58
IH VR	TO FUNERA CAPACION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Par 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dealth.
15	M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01915 0103%

	0.200			A Shaker D. Mark and the second secon	
1. PLACE OF DEAT a. COUNTY		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. USUAL RESIDENCE (Wh.	ere deceased lived, if Institutions b. COUNTY	Residence before edmission
	GARRETT	MARYLAND	MARYI	AND	rrett
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporets limits, write RURAL and give hearest town)			
	LAND	2 days	X OAKLA	ND	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
GARRETT COU	INTY MEMORIAL HO	SPITAL	58 CENTE	R STREET	YES NO
3. NAME OF DECEASED	First	Middle	Last 4. D.F		Dey Year
{Type or print}	DEWEY	MILLER		FEB.	16. 19 62
S. SEX	6. COLOR OR RACE 7. MARR	IED INEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years IF UNDER I	
MALE	WHITE WIDOW	VED DIVORCED	APRIL 5, 1900	61 yrs. Months	Deys Hours Min.
10a. USUAL OCCUPATION done during most of w	TION (Give kind of work orking life, even if retired)	KIND OF BUSINESS OR INDUSTR		te, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
laborer	0	aw Mill	Sang Run,	Md. U	JSA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	JAMES WELCH		NELLIE LOWDERNILK		
	VER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	A SUMMAN AND ADDRESS.	Address	
(100, no, or unxown)	to Ago Air s well of figures of selAiCe	220-03-7318 T	Saurence Welch	Oakland Rt	1. Md.
18. CAUSE OF	DEATH [Enter only one cause per			000000000000000000000000000000000000000	INTERVAL BETWEEN
	TH WAS CAUSED BY:	1. Oluma H	movie Alan	Ma Sha	ONSET AND DEATH
A -	IMMEDIATE CAUSE (a)	a branc //	DIFIEL THE	79 577	
-	DUE TO	ante An	ordic Area	C V	151mitt
Conditions, if an		accept / Voli	VOICE		139107-
(a), stefing the	CHIETO				
ceuse lest.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	PERFORMED?
ZA CA					YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. DE	ESCRIBE HOW INJURY OCCURED	, (Enter nature of injury in Part I or	Part II of item 18.]	
3 20c. TIME OF INJ	URY Month, Day, Year 20d			(City or town) (Cou	
20c. TIME OF INJ	Wh				unty) (State)
- 6,111	lak	THE THOU WILLIAM	ory, street, office bldg., etc.)		unty) (State)
	19 at w	ork at work		2/16/ 10	
	that (I) (this hospital) atte	ork at work	SEPT. 1961	to2/16/	62 that (i) (we) las
saw the decea	that (I) (this hospital) atte	ork at work		to2/16/, 19	62, that (i) (we) last the date stated above
saw the decea	that (I) (this hospital) atte	ork at work and and the deceased from 2	SEPT. 1961 death occured a M,	from the causes and on	62, that (i) (we) last the date stated above 22b, DATE
22a. SIGNATURE 22c. PHYSICIAN	that (I) (this hospital) atte	ork at work and and the deceased from 2	SEPT. 1961 death occured at PM,	from the causes and on	62, that (i) (we) last the date stated above 22b. DATE
22a. SIGNATURE	that (I) (this hospital) atte	anded the deceased from 2	SEPT. 1961 death occured at M, ATTENDING MED. PHYS. MED. DIRECTO	from the causes and on	62, that (i) (we) last the date stated above 22b. DATE
22a. SIGNATURE 22c. PHYSICIAN NAME (Type) 23a. BURIAL, CREMAI	that (i) (this hospital) attended alive on 2/16/6; B.L. GRANT, TION, 23b. DATE THEREOF	anded the deceased from 2	SEPT. 1961 death occured a M.A. ATTENDING MED. DIRECTO 22d. ADDRESS THIRD STRE	from the causes and on	62, that (i) (we) last the date stated above 22b. DATE SIGNER
22a. SIGNATURE 22c. PHYSICIAN NAME (Typ	that (I) (this hospital) attended alive on 2/16/6; D. L. GRANT, TION, 23b. DATE THEREOF	ont at work and and and that the deceased from	SEPT. 1961 death occured a M., ATTENDING MED. DIRECTO 22d. ADDRESS THIRD STRE OR CREMATORY 23d.	from the causes and on STAFF PHYS. TO OAKLAND, LOCATION (City, town or count	62, that (i) (we) last the date stated above 22b. DATE SIGNED MARYLAND
22a. SIGNATURE 22c. PHYSICIAN NAME (Typ) 23c. BURIAL, CREMAI SEMOVAL (Specify	that (i) (this hospital) attended alive on 2/16/6; D.L. GRANT, TION, 23b. DATE THEREOF 2/19/62	ork at work 2	SEPT. 1961 death occured a M., ATTENDING MED. DIRECTO 22d. ADDRESS THIRD STRE OR CREMATORY 23d.	From the causes and on R STAFF PHYS. ET OAKLAND, LOCATION (City, town or count ans Oakland	62, that (i) (we) last the date stated above 22b. DATE SIGNED MARYLAND (State) Md •
22a. SIGNATURE 22c. PHYSICIAN NAME (Typ) 23a. BURIAL, CREMAI REMOVAL (Specify BUT 121	that (i) (this hospital) attended alive on 2/16/6; D.L. GRANT, TION, 23b. DATE THEREOF 2/19/62	M.D. 23c. NAME OF CEMETERY Garrett Co. I	SEPT. 1961 death occured at M, ATTENDING MED. DIRECTO 22d. ADDRESS THIRD STRE OR CREMATORY 23d. Memorial Garde	From the causes and on R STAFF PHYS. ET OAKLAND, LOCATION (City, town or count ans Oakland	62, that (i) (we) last the date stated above 22b. DATE SIGNED MARYLAND (State) Md •



CERTIFICATE OF DEATH Reg. Dist. No.01916 01935 director, Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND Gazrett larvland Garrett after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) P Kitzmiller months Citzmiller d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Church hours 2 P YES NO [2 3. NAME OF DECEASED First Middle 4. DATE Month Day Year Mae (Type or print) Lona Whetzel DEATH February 1962 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 9. AGE (in years last birthdoy) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS Months Female White WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Howe WVA. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilber W. Bolden Elizebeth Lockard remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address None Kitzmiller. Md. None Mari No Anna Greaser 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Dender AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO permit. ony Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underand lying cause last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGHTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART LIGHT WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy. Year (County) (Slate) g, m factory, street, affice bldg., etc.) Not while at work al work 1962 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 6:30%, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, Male) DATE SIGNED ACTUAL P OP FUNERAL D PHYSICIAN'S ALAN DRELLA NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22b. DATE THEREO! 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) (6) Nethken Burial Garden 0 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE V\$ A15 (4) Md. Children & Thomas ISM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

